# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA Norfolk Division

### CHAPTER 13 PLAN AND RELATED MOTIONS

| Name of Debtor(s): Antonio Jerome Etheridge Case No: 19-70581-FJS |
|---|
| This plan, dated <u>March 12, 2019</u> , is:                      |
| the first Chapter 13 plan filed in this case.                     |
| □ a modified plan that replaces the                               |
| □ confirmed or □ unconfirmed Plan date                            |
| Date and Time of Modified Plan Confirmation Hearing:              |
| Place of Modified Plan Confirmation Hearing:                      |
| The plan provisions modified by this filing are:                  |
| Creditors affected by this modification are:                      |

#### 1. Notices

#### **To Creditors:**

Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court.

#### (1) Richmond and Alexandria Divisions:

The Bankruptcy court may confirm the plan without further notice if no objection to the confirmation is filed. See Bankruptcy Rule 3015.

- (2) Norfolk and Newport News Division: a confirmation hearing will be held even if no objections have been filed.
  - (a) A scheduled confirmation hearing will not be convened when:
    - (1) an amended plan is filed prior to the scheduled confirmation hearing; or
    - (2) a consent resolution to an objection to confirmation anticipates the filing of an amended plan and the objecting party removes the scheduled confirmation hearing prior to 3:00 pm on the last business day before the confirmation hearing

In addition, you may need to timely file a proof of claim in order to be paid under any plan

The following matters may be of particular importance.

Debtor must check one box of each line to state whether or not the plan includes each of the following items. If any item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.

| A. | A limit on the amount of a secured claim, set out in Section 4.A which may result in a partial payment or no payment at all to the secured creditor | Included | Not Included<br>X |
|----|---|----------|-------------------|
| В. | Advoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, set out in Section 8.A   | Included | Not Included<br>X |
| C. | Nonstandard provisions, set out in Part 12  | Included | Not Included<br>X |

2. Funding of Plan. The debtor(s) propose to pay the Trustee the sum of \$1,514.00 per month for 60 months. Other payments to the Trustee are as follows: N/A. The total amount to be paid into the Plan is \$90,840.00.

- **3. Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
  - A. Administrative Claims under 11 U.S.C. § 1326.
    - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10%, of all sums received under the plan.
    - 2. Check one box:

Debtor(s)' attorney has chosen to be compensated pursuant to the "no look" fee under Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a) and will be paid \$4,566.00 balance due of the total fee of \$5223.00 concurrently with or prior to the payments to remaining creditors.

□ Debtor(s)' attorney has chosen to be compensated pursuant to Local Bankruptcy Rule 2016-1(C)(1)(c)(ii) and must submit application for compensation as set forth in the Local Rules.

#### B. Claims under 11 U.S.C. §507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid pursuant to 3.C below:

| <u>Creditor</u>        | Type of Priority  | Estimated Claim | Payment and Term |
|------------------------|-------------------|-----------------|------------------|
| City of Virginia Beach | Real Estate Taxes | \$50,000.00     | Prorata          |

#### C. Claims under 11 U.S.C. §507(a)(1).

The following priority creditors will be paid prior to others priority creditors but concurrently with administrative claims above.

<u>Creditor</u> <u>Type of Priority</u> <u>Estimated Claim</u> <u>Payment and Term</u>

- 4. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
  - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S. C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(1) [motor vehicles

purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-sections D of this section. You must refer to section 4(D) below to determine the interest rate, monthly payment and estimated term of repayments of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 5 of the Plan. The following secured claims are to be "crammed down" to the following values:

<u>Creditor</u> <u>Purchase Date</u> <u>Est. Debt Bal.</u> <u>Replacement Value</u>

#### B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay under §§ 362(a) and 1301(a) as to the interest of the debtor(s), any co-debtor(s) and the estate in the collateral.

| <u>Creditor</u>     | Collateral Description | Estimated Value | Estimated Total Claim |
|---------------------|------------------------|-----------------|-----------------------|
| Exeter Finance Corp | 2014 Infiniti QX60     | \$17,681.00     | \$32,697.83           |
| Credit Acceptance   | 2005 Chrysler 300c     | \$1,801.00      | \$8,131.00            |

#### C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 4(D) and/or 7(B) of the Plan, as follows:

<u>Creditor</u> <u>Collateral</u> <u>Adeq. Protection Monthly Payment</u> <u>To be Paid By</u>

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 7(B) of the Plan shall be made by the debtor(s) as require by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

### D. Payment of Secured Claims on Property Being Retained (except only those loans provided for in section 6 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax lien and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the

balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation specified in sub-section A and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

<u>Creditor</u> <u>Collateral</u> Approx. Bal. of Debt or Interest Monthly Payment <u>"Crammed Down" Value</u> <u>Rate</u> <u>& Est. Term</u>

#### E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' principal residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 6 of the Plan.

#### 5. Unsecured Claims.

- A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately 1%. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately 0%.
- B. Separately classified unsecured claims.

<u>Creditor</u> <u>Basis for Classification</u> <u>Treatment</u>

- 6. Mortgage Loans Secured by Real Property Constitution the Debtor(s)' Principal Residence;
  Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
  - A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement. A default on the regular contract payments on the debtor(s) principal residence is a default under the terms of the plan.

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| <u>Creditor</u> | Collateral        | Regular<br>Contract<br><u>Payment</u> | Estimated<br><u>Arrearage</u> | Arrearage<br>Interest<br><u>Rate</u> | Estimated<br><u>Cure Period</u> | Monthly<br>Arrearage<br><u>Payment</u> |
|-----------------|-------------------|---------------------------------------|-------------------------------|--------------------------------------|---------------------------------|--|
| Langley FCU     | 905 Ferrier Court | \$2,100.00                            | \$27,000.00                   | 0                                    | 60 months                       | Prorata                                |

B. Trustee to pay the contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

Regular

Creditor Collateral Payment Arrearage On Arrearage Monthly Payment on Arrearage Arrearage Est. Term

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

| <u>Creditor</u> | <u>Collateral</u> | Interest    | Estimate     | Monthly        |
|-----------------|-------------------|-------------|--------------|----------------|
|                 |                   | <u>Rate</u> | <u>Claim</u> | Payment & Term |

- 7. Unexpired Leases and Executory Contracts. The debtor(s) move for assumption or rejection of the executory contracts, leases and/or timeshare agreements listed below.
  - **A. Executory contracts and unexpired leases to be rejected.** The debtor(s) reject the following executory contracts.

<u>Creditor</u> <u>Type of Contract</u>

**B.** Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor(s) agree to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

|                 |                  |                  | Monthly     |                  |
|-----------------|------------------|------------------|-------------|------------------|
|                 |                  |                  | Payment     | <b>Estimated</b> |
| <u>Creditor</u> | Type of Contract | <u>Arrearage</u> | for Arrears | Cure period      |

- 8. Liens Which Debtor(s) Seek to Avoid.
  - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u> <u>Collateral</u> <u>Exemption Basis</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

**B.** Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate adversary proceedings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u> <u>Type of Lien</u> <u>Description of Collateral</u> <u>Basis for Avoidance</u>

#### 9. Treatment and Payment of Claims.

- All creditors must timely file a proof of claim to receive payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- If relief from the automatic stay is ordered as to any item of collateral listed in the plan, then, unless otherwise ordered by the court, all payments as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan.
- Unless otherwise ordered by the Court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in the plan.
- Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan. Notwithstanding such vesting, the debtor(s) may not transfer, sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 11. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, whether

unsecured or secured, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.

| 1 | 2.         | Nonstand    | ard Plan  | <b>Provisions</b> |
|---|------------|-------------|-----------|-------------------|
| - | <b>4</b> . | ITUIISLAIIU | alu riait | FIGRISIONS        |

None. If "None" is checked, the rest of Part 12 need not be completed or reproduced.

Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.

| e following plan provisions will be effective only if there is a check in the box "Included" in §1.C. |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
|   |   |  |  |  |  |  |
| Dated: _March 12, 2019  |   |  |  |  |  |  |
| /s/ Antonio Jerome Etheridge Debtor   | _/s/ Casey L. Chmielewski Debtor's Attorney |  |  |  |  |  |
| Joint Debtor  |   |  |  |  |  |  |

By filing this document, the Attorney for Debtor(s) or Debtor(s) themselves, if not represented by an attorney, also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in the Local Form Plan, other than any nonstandard provision included in Part 12.

Exhibits: Copy of Debtor(s)' Budget (Schedules I and J); Matrix of Parties Served with Plan

**Certificate of Service** 

I certify that on <u>March 12, 2019</u>, I mailed a copy of the foregoing to the creditors and parties in interest on the attached Service List.

/s/ Casey L. Chmielewski
Casey L. Chmielewski
Berg & Chmielewski, P.C.
1932 Kempsville Road, Ste 105
Virginia Beach, Virginia 23464
Phone (757)-461-5557

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| CERT | TEICATIO |      | CEDVICE | <b>PURSUANT</b> | . TO 0 | DITTE JOOA       |
|------|----------|------|---------|-----------------|--------|------------------|
| CENI | IFICATIO | N OF | SEVAICE | PURSUAINI       | IUT    | <b>\ULE /UU4</b> |

I hereby certify that on <u>March 12, 2019</u> true copies of the forgoing Chapter 13 Plan and Related Motions were served upon the following creditor(s):

( X ) by first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P.; or

( ) by certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P.

/s/ Casey L. Chmielewski
Casey L. Chmielewski

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|                  | <u> </u>   |   |                              |                                      |                            |                 |  |                         |                                  |                 |
|------------------|--|---|------------------------------|--------------------------------------|----------------------------|-----------------|--|-------------------------|----------------------------------|-----------------|
| Fill             | in this information to iden  | tify your ca                              | set                          |                                      |                            |                 |  |                         |                                  |                 |
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|                  | otor 2<br>nuse, if filing)   |   |                              |                                      |                            | _               |  |                         |                                  |                 |
| Uni              | ted States Bankruptcy Co   | urt for the:                              | EASTERN DISTRICT DIVISION    | OF VIRGINIA - I                      | NORFOLK                    |                 |  |                         | 3 2                              | *               |
| (If kn           | se number 19-7058  | -   | ×/#1                         | Fall 70                              |                            |                 | Check if this is  An amend  A supplem  13 income | ed filing<br>ent showin | ng postpetition ollowing date:   | chapter         |
|                  | fficial Form 106<br>chedule I: You   | _   |                              |                                      |                            |                 | MM / DD/   | YYYY                    |                                  |                 |
| sup <sub> </sub> | es complete and accurate plying correct information use. If you are separate the characteristics as separate sheet to the characteristics.  Describe Emp | on. If you a<br>d and your<br>his form. O | re married and not filing wi | ng jointly, and yeith you, do not in | our spouse<br>nclude infor | is liv<br>matio | ing with you, inc<br>on about your sp            | ude infor               | nation about ;<br>ore space is r | your<br>needed, |
| 1.               | Fill in your employmer information.  | nt  |                              | Debtor 1                             |                            |                 | Debtor   | 2 or non-fi             | lling spouse                     |                 |
|                  | If you have more than one job,   |   | Employment status            | ■ Employed                           |                            | ☐ Emp           | oyed   |                         |                                  |                 |
|                  | attach a separate page information about addition  |   | Employment status            | ☐ Not employ                         | ed                         |                 |  | mployed                 |                                  |                 |
|                  | employers.   |   | Occupation                   | Facilities                           |                            |                 |  |                         |                                  |                 |
|                  | Include part-time, seaso self-employed work.   | onal, or                                  | Employer's name              | Tidewater C                          | ommunity                   | Coll            | ege  |                         |                                  |                 |
|                  | Occupation may include or homemaker, if it appli   |   | Employer's address           | 300 Granby<br>Norfolk, VA            |                            |                 |  |                         |                                  |                 |
|                  |  |   | How long employed to         | here? 21 y                           | ears/                      |                 |  |                         |                                  |                 |
| Par              | t 2: Give Details A  | bout Mont                                 | thly Income                  |                                      |                            |                 |  |                         |                                  |                 |
| spou             | mate monthly income as<br>use unless you are separa<br>u or your non-filing spous<br>e space, attach a separate  | s of the datated.                         | te you file this form. If    |                                      |                            |                 |  | on on the li            | nes below. If y                  | _               |
|                  | Lint monthly group   |   | s and computation - /L       | oforo all                            |                            |                 |  | non-fili                | ng spouse                        |                 |
| 2.               | List monthly gross wa deductions). If not paid   |   |                              |                                      | . 2.                       | \$              | 3,264.00   | \$                      | N/A                              |                 |
| 3.               | Estimate and list mont   | thly overtin                              | ne pay.                      |                                      | 3.                         | +\$             | 0.00   | +\$                     | N/A                              |                 |
| 4.               | Calculate gross incom  | e. Add line                               | e 2 + line 3.                |                                      | 4.                         | \$              | 3,264.00   | \$                      | N/A                              |                 |

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| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 2,260.00 \$ N/A  8. List all other income regularly received:  88. Net income from rental property and from operating a business, profession, or farm and income. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Sec. \$ 0.00 \$ N/A  80. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  81. Unemployment compensation  | Debtor                     | Antonio Jerome Etheridge  | -                              | Case            | number (if known)                             | 19-705            | B1                                     |          |
|---|----------------------------|---|--------------------------------|-----------------|---|-------------------|--|----------|
| 5. List all psyroll deductions:  5a. Tax, Medicare, and Social Security deductions  5b. Mandatory contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. No. 0.00 \$ NIA  5d. Required repayments of retirement plans  5d. \$ 0.00 \$ NIA  5d. Domestic support obligations  5f. \$ 0.00 \$ NIA  5f. Domestic support obligations  5f. \$ 0.00 \$ NIA  5f. Domestic support obligations  5g. Union dues  5g. \$ 0.00 \$ NIA  5h. Other deductions. Specify: Retirement  5g. \$ 0.00 \$ NIA  5h. Other deductions. Add lines 5s+5b+5c+6d+5g+5f+5g+5h.  6. \$ 1,004.00 \$ NIA  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 2,280.00 \$ NIA  8. List all other income regularly received:  8a. Not Income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly retirement.  8b. Interest and dividends  8c. Family support symmetrs that you, a non-filing spouse, or a dependent include allmony, spousal support, drilld support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ NIA  9d. Social Security  9f. Other government assistance that you regularly receive  8c. \$ 0.00 \$ NIA  9g. Pension or retirement Income  8h. Other monthly Income. Specify: Federal Tax Return  9g. \$ 0.00 \$ NIA  10. Calculate monthly Income. Add lines 8s+8b+8c+8d+8e+8f+8g+8n.  9 \$ 2,324.00 \$ NIA  11. Calculate monthly Income. Add lines 7 line 9.  Add die entires in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. * \$ 0.00  11. * \$ 5,084.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, It it spouse.  11. * \$ 0.00  12. Combined monthly Income.  | С                          | opy line 4 here   | 4.                             | For             |   | non-fil           | ing spouse                             |          |
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. S 0.00 \$ NIA 5c. Voluntary contributions for retirement plans 5c. S 0.00 \$ NIA 5c. Insurance 5c. S 0.00 \$ NIA 5c. Insurance 5c. S 0.00 \$ NIA 5c. Domestic support obligations 5c. S 0.00 \$ NIA 5c. Domestic support obligations 5c. S 0.00 \$ NIA 5c. Domestic support obligations 5c. S 0.00 \$ NIA 5c. Collections 5c. S 0.00 \$ NIA 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,280.00 \$ NIA 6c. Collections 6c. S 0.00 \$ NIA 6c. Collections 6c. S 0.00 \$ NIA 6c. Family support payments that you, a non-filling spouse, or a dependent regularly receive settlement. 6c. Family support payments that you, a non-filling spouse, or a dependent regularly receive settlement. 6c. S 0.00 \$ NIA 6c. Social Security 6c. S 0.00 \$ NIA 6c. S 0.00 \$ NIA 6c. Social Security 6c. S 0.00 \$ NIA   |                            |   | ••                             | Ψ_              | 3,204.00                                      | Ψ                 | IN/A                                   |          |
| 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. No. Service S  |                            |   | _                              | _               |   | _                 |  |          |
| 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. So. Union So.   |                            | <del>-</del>  |                                | · —             |   |                   |  |          |
| 56. Required repayments of retirement fund loans 56. Insurance 56. Domestic support obligations 56. Domestic support obligations 57. Domestic support obligations 58. Other deductions. Specify: Retirement 59. \$0.00 \$ N/A 59. Unload discounts 59. \$0.00 \$ N/A 59. \$0.00 |                            |   |                                | · -             |   | · —               |  |          |
| 56. Insurance 57. Domestic support obligations 58. S 428.00 S N/A 59. Unlon dues 59. Chromestic support obligations 59. S 0.00 S N/A 59. S 0.   |                            | ,   |                                | · -             |   | · · · — —         |  |          |
| 56. Domestic support obligations 59. Union dues 59. Vinion due 50.   | _                          |   |                                | ٠               |   | \$                |  |          |
| 59. Unlon duse 5h. Other deductions. Specify: Retirement 5h. Other deductions. Specify: Retirement 5h. Sh. \$ 1.0.00 \$ N/A Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1.004.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,280.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and tusiness showing gross receipts, ordinary and necessary business expenses, and the total monthly in et income. 8b. Interest and dividends 8c. Family support apments that you, a non-filing spouse, or a dependent regularly receive include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. \$ 0.00 \$ N/A   |                            |   |                                | · —             |   | š                 |  |          |
| 5h. Other deductions. Specify: Retirement 5h. \$ 163.00 + \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5b+5b+5b+5b+5b+5b+5b+5b+5b+5b+5b+5b+  | 5                          | - · · · · · · · · · · · · · · · · · · ·   | _                              | \$_             |   | · —               |  |          |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,280.00 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends \$ 0.00 \$ N/A  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ N/A  8d. Unemployment compensation \$ 8c. \$ 0.00 \$ N/A  8e. \$ 0.00 \$ N/A  8f. Cher government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8g. Spenish.  8g. Pension or retirement income  8h. Other monthly income. Specify: Federal Tax Return  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 2,824.00 \$ N/A  10. Calculate monthly Income. Add line 7 + line 9.  10. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all Cher regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other finedox or relatives.  12. Do you expect an increase or decrease within the year after you file this form?  | 51                         | n. Other deductions. Specify: Retirement  | 5h.+                           | \$_             |   | + \$              |  |          |
| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm and property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unamployment compensation  8d. \$ 0.00 \$ N/A  | 6. A                       | dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.                             | <b>\$</b> _     | 1,004.00                                      | \$                | N/A                                    |          |
| 8a. Net Income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement Income  8h. Other monthly income. Specify: Federal Tax Return  8h. \$ 10.00 \$ N/A  State Tax Returns  9. \$ 2.824.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 2.824.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other fiftends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other fiftends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  10. Other monthly income.  11. *\$ 5,084.00 Combined monthly income.  12. \$ 5,084.00 Combined monthly income.  13. Do you expect an increase or decrease within the year after you file this form?  | 7. C                       | alculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                             | \$_             | 2,260.00                                      | \$                | N/A                                    |          |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,824.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 5,084.00 Combined monthly income.  No.   | 81<br>80<br>80<br>80<br>81 | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Federal Tax Return | 8b.<br>8c.<br>8d.<br>8e.       | \$              | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>10.00 | \$                | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A |          |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  |                            | Monthly Average income from ODU   | _ r                            | <b>\$</b>       | 1,204.00                                      | \$                | N/A                                    | 7        |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.   | 9. A                       | dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                             | \$              | 2,824.00                                      | \$                | N/A                                    | 1        |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 5,084.00  Combined monthly income  No.   |                            |   | 10. \$                         | į               | 5,084.00 + \$                                 | 1                 | 1/A = \$                               | 5,084.00 |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 5,084.00    Combined monthly income  No  | In<br>of<br>De             | clude contributions from an unmarried partner, members of your household, your of<br>her friends or relatives.<br>To not include any amounts already included in lines 2-10 or amounts that are not a   | depend                         |                 | •   | ed in <i>Sche</i> |  | 0.00     |
| 13. Do you expect an increase or decrease within the year after you file this form?  No   | W                          | rite that amount on the Summary of Schedules and Statistical Summary of Certain   | ult is th<br>o <i>Liabil</i> i | e com<br>ties a | ibined monthly in<br>nd Related <i>Data</i>   | if it             |  |          |
|   | 13. D                      |   | ?                              |                 |   |                   |  |          |
|   | _                          |   |                                |                 |   | _                 |  | П        |

| Fill     | in this information to identify yo   | our case:   |  | l   |                    |  |
|----------|--|---|--|---|--------------------|--|
| Deb      | tor 1 Antonio Jero   | ome Etheridge   | Check if this is:                                  |   |                    |  |
| Dob      | tor 2  |   | <u> </u>   |   | An amended filing  |  |
|          | ouse, if filing)   |   |  |   |                    | wing postpetition chapter<br>the following date:       |
| Unit     | ed States Bankruptcy Court for the   | EASTERN DISTRICT OF VIRGIN  | NIA - NORFOLK                                      |   | MM / DD / YYYY     | <del></del>  |
|          | e number 19-70581<br>nown)   |   |  |   |                    |  |
| <u>O</u> | fficial Form 106J  |   |  | J   |                    |  |
| S        | chedule J: Your  | Expenses  |  |   |                    | 12/  |
| info     | ormation. If more space is ne<br>nber (if known). Answer ever                          |   |  |   |                    |  |
| 1.       | Is this a joint case?  |   |  |   |                    |  |
|          | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live i                                       | in a separate household?  |  |   |                    |  |
|          | ☐ No<br>☐ Yes. Debtor 2 mus  | st file Official Form 106J-2, <i>Expens</i> e   | s for Separate House                               | ehold of De   | btor 2.            |  |
| 2.       | Do you have dependents?  | □ No  |  |   |                    |  |
|          | Do not list Debtor 1 and Debtor 2.   | Yes. Fill out this information for each dependent   |  | Dependent's relationship to<br>Debtor 1 or Debtor 2 |                    | Does dependent live with you?                          |
|          | Do not state the   |   |  |   |                    | □ No   |
|          | dependents names.  |   | Son  |   | 12                 | ■ Yes  |
|          |  |   |  |   |                    | □ No<br>□ Yes  |
|          |  |   |  |   |                    | □ Yes<br>□ No  |
|          |  |   |  |   |                    | ☐ Yes  |
|          |  |   | <del></del>  |   |                    | □ No   |
|          |  |   |  |   |                    | ☐ Yes  |
| 3.       | Do your expenses include<br>expenses of people other to<br>yourself and your dependent | IIVes   |  |   |                    |  |
| exp      | imate your expenses as of yo   | ng Monthly Expenses<br>our bankruptcy filing date unless<br>pankruptcy is filed. If this is a sup | you are using this f<br>plemental <i>Schedul</i> e | orm as a s  | upplement in a Cha | apter 13 case to report<br>of the form and fill in the |
| the      |  | non-cash government assistance<br>d have included it on Schedule I:                               |  |   | Your exp           | enses  |
| 4.       | The rental or home owners payments and any rent for the                                | hip expenses for your residence.<br>e ground or lot.  | Include first mortgag                              | e<br>4.   | \$                 | 2,100.00   |
|          | If not included in line 4:   |   |  |   |                    |  |
|          | 4a. Real estate taxes  |   |  | 4a.   | \$                 | 0.00   |
|          | 4b. Property, homeowner's  | s, or renter's insurance  |  | 4b.   | \$                 | 100.00   |
|          |  | pair, and upkeep expenses   |  | 4c.   | •                  | 0.00   |
| 5.       |  | ion or condominium dues<br>e <b>nts for vour residence.</b> such as ho                            | mo oquibulares                                     | 4d.<br>5.   |                    | 0.00   |
| J.       | Additional mortidade payme   | ana iui vuui lesidence, such as Ni  | and equily idans                                   | ລ.  | ATT                | 11 (11)  |

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| Deb | tor 1                               | Antonio                          | Jerome Etheridge  | Case numb  | er (if known)            | 19-70581                     |
|-----|-------------------------------------|----------------------------------|---|--|--------------------------|------------------------------|
| 6.  | Utilit                              | ties:                            |   |  |                          |                              |
|     | 6a.                                 |                                  | heat, natural gas   | 6a.  | \$                       | 100.00                       |
|     | 6b.                                 | Water, sev                       | ver, garbage collection   | 6b.  | \$                       | 80.00                        |
|     | 6c.                                 | Telephone                        | e, cell phone, Internet, satellite, and cable services  | 6c.  | \$                       | 50.00                        |
|     | 6d.                                 | Other. Spe                       | ecify:  | 6d.  | \$                       | 0.00                         |
| 7.  | Food                                | d and house                      | ekeeping supplies   | 7.   | \$                       | 250.00                       |
| 8.  | Child                               | dcare and c                      | hildren's education costs   | 8.   | \$                       | 0.00                         |
| 9.  | Clothing, laundry, and dry cleaning |                                  | 9.  | \$   | 50.00                    |                              |
| 10. | Pers                                | onal care p                      | products and services   | 10.  | \$                       | 0.00                         |
| 11. | Medical and dental expenses         |                                  | 11.   | \$   | 25.00                    |                              |
| 12. | Tran                                | sportation.                      | Include gas, maintenance, bus or train fare.  |  | -                        |                              |
|     |                                     |                                  | ar payments.  | 12.  | •                        | 200.00                       |
| 13. | Ente                                | rtainment,                       | clubs, recreation, newspapers, magazines, and books   | 13.  | \$                       | 50.00                        |
| 14. | Char                                | ritable cont                     | ributions and religious donations   | 14.  | \$                       | 0.00                         |
| 15. |                                     | rance.                           |   |  |                          | <del> </del>                 |
|     |                                     |                                  | surance deducted from your pay or included in lines 4 or 2  |  | _                        |                              |
|     |                                     | Life insura                      |   | 15a.   |                          | 0.00                         |
|     |                                     | Health ins                       |   | 15b.   | ·                        | 0.00                         |
|     |                                     | Vehicle ins                      |   | 15c.   | ·                        | 248.00                       |
|     |                                     |                                  | rance. Specify:   | 15d.   | \$                       | 0.00                         |
| 16. |                                     |                                  | clude taxes deducted from your pay or included in lines 4 of  |  | •                        |                              |
|     |                                     |                                  | Estate Property   | 16.  | \$ <u></u>               | 317.00                       |
| 17. |                                     |                                  | ease payments:  | 47-  | •                        |                              |
|     |                                     |                                  | ents for Vehicle 1  | 17a.   | ·                        | 0.00                         |
|     |                                     |                                  | ents for Vehicle 2  | 17b.   | ·                        | 0.00                         |
|     |                                     | Other. Spe                       | ·   |  |                          | 0.00                         |
| 40  |                                     | Other. Spe                       |   | 17d.   | <b>5</b>                 | 0.00                         |
| 18. |                                     |                                  | of alimony, maintenance, and support that you did not   |  | \$                       | 0.00                         |
| 19  |                                     |                                  | your pay on line 5, <i>Schedule I, Your Income</i> (Official Fo<br>s you make to support others who do not live with you.                                   | 1111 1001/1.   | š ——                     | 0.00                         |
| 10. | Spec                                |                                  | you make to support others who do not hive with you.  | 19.  | Ψ                        | 0.00                         |
| 20. |                                     |                                  | erty expenses not included in lines 4 or 5 of this form of  |  | ır İncome                |                              |
|     | 20a.                                | Mortgages                        | s on other property   | 20a.   |                          | 0.00                         |
|     |                                     | Real estat                       |   | 20b.   |                          | 0.00                         |
|     | 20c.                                | Property, I                      | homeowner's, or renter's insurance  | 20c.   |                          | 0.00                         |
|     |                                     |                                  | nce, repair, and upkeep expenses  | 20d.   |                          | 0.00                         |
|     |                                     |                                  | er's association or condominium dues  | 20e.   | ·                        | 0.00                         |
| 21  |                                     | er: Specify:                     |   | 21.  | ·                        | 0.00                         |
|     | 00                                  | or. Opcony.                      |   |  | -Ψ                       | 0.00                         |
| 22. |                                     |                                  | monthly expenses  |  |                          |                              |
|     |                                     |                                  | through 21.   |  | \$                       | 3,570.00                     |
|     | 22b.                                | Copy line 2:                     | 2 (monthly expenses for Debtor 2), if any, from Official For  | n 106J-2   | \$                       |                              |
|     | 22c.                                | Add line 22a                     | a and 22b. The result is your monthly expenses.   |  | \$                       | 3,570.00                     |
| 00  | 0-1-                                |                                  |   | L  |                          |                              |
| 23. |                                     | •                                | monthly net income.   | 00-  | <u>.</u>                 |                              |
|     |                                     |                                  | 12 (your combined monthly income) from Schedule I.  | 23a.   | ·                        | 5,084.00                     |
|     | 23b.                                | Copy your                        | monthly expenses from line 22c above.   | 23b.   | -\$                      | 3,570.00                     |
|     | 22-                                 | Culation at u                    | our monthly expenses from your monthly income.  | Γ  |                          | -                            |
|     | 236.                                |                                  | is your monthly net income.   | 23c.   | \$                       | 1,514.00                     |
|     |                                     | ine result                       | is you monany normoonis.  |  |                          |                              |
| 24. | For ex<br>modif                     | xample, do yo<br>fication to the | an increase or decrease in your expenses within the ye<br>ou expect to finish paying for your car loan within the year or do you<br>terms of your mortgage? | ar after you file this text age page page page page page page page | form?<br>ayment to incre | ase or decrease because of a |
|     | ■ N                                 |                                  | F=  |  |                          |                              |
|     | ☐ Y                                 | es.                              | Explain here:   |  |                          |                              |

Office of the U S Trustee Room 625 Federal Bldg. 200 Granby Street Norfolk, VA 23510

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Advance Financial/Flex Loan 100 Oceanside Drive Nashville, TN 37204

Midwest Recovery Systems Po Box 899 Florissant, MO 63032

Andrea Knight 2718 Janice Lynn Court Chesapeake, VA 23320

Oducu 2701 Hampton Blvd Norfolk, VA 23517

Carla Goens 905 Ferrier Court Virginia Beach, VA 23464 Old Dominion University Credit Union 2701 Hampton Blvd Norfolk, VA 23517

City of Virginia Beach 2401 Courthouse Drive Municipal Center, #1 Virginia Beach, VA 23456 Portfolio Recovery Po Box 41021 Norfolk, VA 23541

Conn's HomePlus Attn: Bankruptcv Po Box 2358 Beaumont, TX 77704 Silver Cloud Financial 635 State Hwy 20 Upper Lake, CA 95485

Credit Acceptance 25505 West 12 Mile Rd **Suite 3000** Southfield, MI 48034

Exeter Finance Corp Po Box 166008 Irving, TX 75016

Langley Federal Credit Union Attn: Bankruptcy 721 Lakefront Commons Newport News, VA 23606

Langley Federal Credit Union 11742 Jefferson Avenue, Suite 200 Newport News, VA 23606